



City of Carson
Redevelopment Agency

Commercial Facade Rehabilitation Program

FACADE REHABILITATION APPLICATION

PLEASE READ INSTRUCTIONS CAREFULLY

The following information is necessary for all applications. Failure to provide accurate and complete information will delay review. If you desire assistance in filling it out, the City's Redevelopment Agency Staff will be glad to assist you. All information on each proposal will be kept confidential. Please submit one form for each property you wish to rehabilitate.

<u>FOR STAFF USE ONLY</u>	
Project No.:	APN#:
Zoning:	GP:
Accepted by:	Date:

1. Property Description

Address of Property to be Rehabilitated (Include address(es) of store front(s) in the structure to be rehabilitated and their current usage:

Business Name:

Please Check the appropriate Box:

a. I am applying for the Commercial Facade Rehabilitation Grant
b. I am applying for the Commercial Facade Rehabilitation Matching Grant
c. I am applying for the Commercial Facade Rehabilitation Matching Grant and Loan

The property that I am applying for is:

a. Owner-Occupied
b. Lessor

Approximately how old is the building you plan to rehabilitate:	<i>Attach evidence of site control (e.g. grant deed, option, deposit receipt, lease) and evidence of property/fire insurance.</i>
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2. Applicant Information

Name:

Address:

City:	State:	Zip:
Work Phone:	Fax:	Cell:

E-mail:

3. Property Owner

Name:	Phone:
Address:	Fax:
City:	Zip:
	E-Mail:

PROJECT NO.: _____

4. Facade and Rehabilitation Work Proposed

a. Generally describe the rehabilitation work that you want to accomplish (attach additional sheets if necessary. Also, please provide photographs of the site to include all sides of the building and property):

Note: The Facade Rehabilitation Program may not authorize the improvements that you have requested. The Program will only approve rehabilitation activity that promotes its development goals. The Agency will not pay for work that has been completed prior to authorization to proceed.

Estimated Cost of Improvements \$ _____

b. Are you proposing to add new signs or modify existing signs? Yes No

If yes, please meet with staff to review for compliance with City’s Sign Ordinance. Also, please attach a photograph of all existing signs on site.

5. Certificates

The applicant certifies that:

- a. He/she has read the Program Guidelines and fully understands the content;
- b. The data and exhibits contained in this application and proposal are true, correct and complete;
- c. The applicant understands that the applications are being accepted on a first come, first serve basis and that there can be no more than one application accepted per building.

Print Name of Applicant/Business Owner:

Signature of Applicant/Business Owner:

Date:

Print Name of Property Owner:

Signature of Property Owner:

Date:

(ORIGINAL SIGNATURES IN BLUE INK)